

STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS

633 17th Street, Suite 1300, Denver, CO 80203 Fax: (303) 866-5909
1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-5978
222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341

Claimant,

vs.

Employer, and

Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

APPLICATION FOR HEARING - DISFIGUREMENT ONLY (RULE 10, OACRP)

The claimant requests a determination of additional compensation for permanent disfigurement. Section 8-42-108, C.R.S. Disfigurement will be the only issue determined at the hearing and the claimant will be the only witness, unless a response is filed adding affirmative defenses and listing additional witnesses.

Check here to certify that you have attempted to resolve the issue of disfigurement with the respondent(s).
(Section 8-43-211(2)(e), C.R.S.)

The opposing party may file a response to this Application for Hearing - Disfigurement Only within 10 days of the mailing or delivery of this Application for Expedited Hearing.

The Office of Administrative Courts will set the matter for hearing and send a written Notice of Hearing to the parties.

D. Signature:

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

Fax Number
(Optional)

Date

E-Mail Address (Optional)

Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202

Office of Administrative Courts
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

Office of Administrative Courts
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Claimant/Respondent or their Representative: _____

Employer or their Representative: _____

Other: _____

Signature

Date Mailed

REV 05/06